

BOARD OF MEDICAL LICENSURE AND DISCIPLINE

FULL BOARD

MINUTES OF MEETING

12 December 2007

Open Session

Minutes

Board Members in Attendance:

John Audett, MD

Patrick Barry, Esq.

Norm Chapman

Margaret Coughlin

Charles Cronin, DO

Robert Dinwoodie, DO

Noubar Kessimian MD

Shelagh McGowan

Board Members Absent:

David R. Gifford, MD, MPH, Chair

Thomas Breslin, MD

Joseph DiPietro, Esq.

Richard P. Iacobucci, MD

Staff Members in Attendance:

Robert S. Crausman, MD, Chief Administrative Officer

Bruce W. McIntyre, Board Counsel

Linda Julian, Board Investigator

Mary Salerno, Administrative Officer

Guests:

Don Williams, Associate Director, DOH

James Cahill, PA-C, Board of Physician Assistants

James Carney, PA-C, Board of Physician Assistants

1. A quorum was established at 8:30 AM.

2. On a motion by seconded by Mr. Chapman seconded by Dr. Dinwoodie it was voted to approve the minutes of the 6 December 2007 Licensing Committee meeting.

3. On a motion by Dr. Kessimian seconded by Mrs. Coughlin it was voted to approve the minutes of the Open Session of the 104 November 2007 meeting.

4. Chief Administrative Officer's Report

A. Supervision of Advanced Practice Clinicians: Dr. Crausman began the meeting with an update to Board Members regarding recent changes in DOH Personnel, one of these changes being that Associate Director Don Williams is retiring by the end of this year. Mr. Williams informed the Board that Mr. Charles Alexander, Chief of Professional Regulations at DOH, with his law school student intern,

would be taking over for Mr. Williams in researching this topic and working closely with Raymond Rusin of Facilities Regulation.

B. Board Member Noubar Kessimian, MD has been working in the United States and internationally, namely Argentina, Brazil, China and Japan, in promoting patient safety. He gave the Board an abbreviated version of his Powerpoint presentation that he recently presented.

Dr. Kessimian began by stating that the world has a much more educated population with more information available on the web and other media. In 1999 a report from the National Academy of Science reported that the number of medical errors was equivalent to one jetliner full of passengers crashing every other day. As a result 28 states have mandated reporting of adverse events to patients with Pennsylvania being the only state with a comprehensive report that includes near misses and infrastructure failures in addition to patient safety authority.

The Congressional Patient Safety Act of 2005 promotes voluntary reporting of incidents while maintaining confidentiality. The AMA ethical guidelines require that errors be disclosed to patients. Barriers preventing disclosure include fear of loss of position, hospital or board action, lawsuits, and lack of anonymity for reporting. States with full disclosure policies include Kentucky, Minnesota, and Colorado. Statistics show that full disclosure by hospitals results in fewer lawsuits and claims. The “I am sorry law,”

active in 29 states, allows physicians to display remorse regarding adverse incidents without repercussion. Colorado is the only state that protects the physician if guilt is admitted.

Although policies exist to promote patient safety, the enacting of these policies is the most difficult problem. Patient attitudes demonstrate a desire for full disclosure, an apology, and assurance that actions have been taken to prevent similar incidents happening in the future.

C. Draft Policy Statement for the Physician/Patient Relationship was reviewed and approved for posting on the BMLD website.

D. The most recent wrong site surgery at Rhode Island Hospital was discussed. During a surprise DOH visit to the RIH on the Sunday following this incident revealed a significant lack of knowledge of bedside procedures by hospital personnel. Specifically, the most senior residents were aware of mandatory pause policies for bedside procedures but the junior residents were not. Most of the nursing staff knew the policies existed but had never used them. A review of three recent bedside procedures showed that out of three, two had no pause documentation and one had documentation but no signature by staff or physician.

Dr. Gifford has asked all hospital CEOs to provide him with their surgical and bedside procedures, which he will review. He will meet

with the CEOs in January 2008 to discuss the most appropriate procedure.

5. Old Business:

Non presented.

6. New business:

None presented.

7. At 9:10 AM the Board adjourned to Executive Session pursuant to Sections 46-42-4 and 42-46-5 of the Rhode Island General Laws.